Emirates Dental Hygienist Club welcomes over 40 dental hygienists during inaugural event at CAPP Training Institute

By Emirates Dental Hygienist’s Club

The Emirates Dental Hygienist’s Club (EDHC) held their inaugural Annual Symposium on Friday 19th January at Centre for Advanced Professional Practices (CAPP) Training Institute facilities in Dubai, UAE. President Rachael England welcomed over 40 dental hygienists from throughout the region and began proceedings with a lecture on the role of the EDHC to empower clinicians, improve health literacy in the region, develop interdisciplinary collaboration and the need for public and private sector partnership.

Discussion included public health in a dental context, presented by Rachael England, providing an uplifting speech about the role of the Dental Hygienist within public health followed by opportunities and challenges to improving dental health in the UAE region. Continuing the public health theme, Dr. Shaimaa Shihab Al Mashhadani of the Dubai Health Authority presented her inspiring work on the “My Smiles” initiative, demonstrating the effectiveness of early life intervention and oral health education for 4-6-year-olds. The initiative is fully covered by Dental Tribune MEA in the January-February 2018 publication.

Mary Rose Pincelli Boglione of the International Federation of Dental Hygienists (IFDH) was delighted to join the club for the day and provided an insightful presentation based on “When is the best time to brush?”.

Next up was an interactive session held by Beverley Watson updating the attendees with the latest techniques in guided biofilm removal, followed by further discussion about management of biofilm using oral probiotics by EDHC treasurer Joanne Flower.

The EDHC welcomed Dr. Hamzeh Awad, Associate Professor in Health Sciences and Health Information Technology Abu Dhabi University, supported by EDHC Vice-President Hanan Abdallah, to present the innovation of teledentistry and diabetes management and questioned the attendees how they would embrace this technology to support their own patients, providing the opportunity for future collaboration.

Dr. Eleftherios Kaklamanos, Associate Professor in Orthodontics, closed proceedings with a dedication to teamwork between Orthodontists and Dental Hygienists, reinforcing the essential role Hygienists play in preparing and maintaining patients throughout treatment.

President Rachael England commented “Ongoing events are planned throughout the year to continue providing educational opportunities and professional support. Along with community health initiatives, starting on World Oral Health Day, 20th March 2018.”

A special thank you was made to CAPP, Philips/Jordan and Oral B/Crest for their support of this event and ongoing activities the EDHC have planned. Dental Hygienists who are interested to join the EDHC are encouraged to contact the club directly through the official website.

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The prevalence of caries and other oral diseases is a worrying trend

Interview with Corrie Jongbloed-Zoet on caries

By DTF

One of the primary ways in which oral health can impact the quality of life is through reducing plaque and oral diseases. In Europe, traditional curative treatment accounts for 9–10 per cent of public health expenditure. The Platform for Better Oral Health in Europe forecasts that the total cost will rise from €64 billion in 2000 to €93 billion in 2020. Oral diseases are the fourth most expensive to treat, according to the World Health Organization, and this financial aspect can be seen through the lens of economic standing in receiving appropriate care.

The prevalence of caries and other oral diseases is a worrying trend, especially given the increased knowledge of how oral health can be maintained through twice-daily brushing with a fluoride toothpaste, a healthy diet and regular dental check-ups. In the Netherlands, for example, a commonly implemented programme to prevent caries among children involves twice yearly check-ups that are often accompanied by an application of fluoride and the sealing of all visible fissures. This programme is covered by the country’s health insurance and is thus free for all children up to 18 years of age, ensuring that there is no financial disincentive. In spite of this progress and egalitarian approach, the proportion of Dutch youths with any caries experience has not dropped over the last 30 years and has remained stable.

It was clear from this that an alternative approach to caries prevention needed to be tested. Working from the basis of a study conducted in Denmark, a group of dental researchers in the Netherlands trialled a non-operative caries treatment and prevention programme with a pool of 6-year-old children. This programme, which promotes recall intervals based on individual risk assessment, resulted in a 40–70 per cent reduction in caries for the group subjected to the NOCTP method.

Prevention spoke with Corrie Jongbloed-Zoet, President-elect of the International Federation of Dental Hygienists (IFDH), about how the principles of these scientific studies are applied to a programme implemented by Dutch society for the promotion of oral health ‘Ivoren Kruis’s Gewoon Gaaf Programme’ and the impact these studies may have on approaches to caries prevention throughout Europe.

What are the principles upon which the NOCTP approach is founded, and how do these differ from conventional caries prevention approaches? NOCTP is based on individual risk assessment, extensive oral hygiene instruction and education, and parental home care. In contrast, we have the regular (Dutch) protocol that is based on dental check-ups twice a year, fluoride application and sealants and if necessary restoration of caries on the dentine threshold.

The protocol is based on the understanding that caries is a localised process that can be prevented by brushing with a fluoride toothpaste. Extensive oral hygiene instruction and education are given and recall intervals are made on an individual basis using the following criteria: the cooperation of the parents, the activity of carious lesions within the dentition, the eruption stage of permanent molars and carious activity affecting the occlusal surfaces of the first permanent molars. Unfortunately, we see a great deal of very progressive carious activity in primary dentition and in first molars, especially among young exogenous children and in lower socio-economic income groups.

Could you please take us through the protocol of the Ivoren Kruis’s Gewoon Gaaf programme? The first appointment is made with a dentist or a dental hygienist and is followed by a demonstration of visible plaque and education and training in plaque removal by the patient and motivational interviewing. After professional plaque removal, a diagnosis is made and the treatment continued. In the case of no caries progression, a risk and interval assessment is determined. In the case of caries progression, treatment, education and training are followed by fluoride application, sealing or restoration.

Step 1 During the first visit, the patient and his or her parents are informed about their programme and asked about their motivation to participate, problems, previous experiences, fear, stress, etc.

Step 2 After disclosing of the plaque, the level of oral hygiene and self-care is noted—plaque index—followed by information and instruction. The patient or his or her parent is asked to remove the plaque him- or herself.

Step 3 The next step in the NOCTP protocol is professional cleaning.

Step 4 A very important factor for risk assessment is the diagnosis of carious activity: small pits and severe caries.

Step 5 The next step is motivational interviewing, which is the key to success. The programme is prepared for implementation change and this might need multiple sessions. If the patient is ready to change, he or she is instructed—through explaining, showing and doing—and motivated and coached, with the intention that he or she will change his or her attitude towards oral health and his or her behaviour.

When it comes to the prevention of caries in children, what role do parents’ attitudes play? The programme focuses on behaviour change: the patient and/or his or her parents are encouraged to take responsibility for his or her oral health. In the study, the patient’s attitude turned out to be a decisive factor. There are parents who are conscious and responsible, but there also parents who are trivialising and fatalistic, appearance-driven and open-minded, knowledgeable but defensive, or conscious and concerned. The health care providers are trained over several days to be familiar with these differences and to consider them in their approach towards the patient’s parents. After informed consent has been obtained, parents are asked to fill in a questionnaire to provide information on socio-economic circumstances, oral hygiene habits, oral health history, dietary habits, self-care routines and knowledge on dental topics.

What role does the IFDH play in the promotion of oral health in Europe? The IFDH is an international non-governmental organisation registered in the UK that unites dental hygienist associations from around the world (52 countries) in their common goal of promoting oral health and preventing oral disease. The federation represents approximately 85,000 dental hygienists. All European countries where dental hygienist associations exist are members of the IFDH and of the European Dental Hygienists Federation (EDHF). The IFDH and EDHF work together towards their common goal of improving oral health worldwide with partners like the Alliance for a Cavity-Free Future, the Global Child Dental Fund and the Platform for Better Oral Health in Europe.

References

Editorial note: The interview was originally published in Prevention International Magazine for Oral Health 1/2017.
NEW COLLECTION
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Curaden believes in prevention like no other company in the world

By Ueli Breitschmid, Curaden

When Dental Tribune approached us with the idea of a new magazine on the topic of preventive dentistry, I thought: “Well, it’s about time! You should have done this a while ago!” For those who don’t know me, I often like to speak from the heart and the dental industry lies very close to my heart. I’ve been in the business my entire life and I’ve been the CEO of Curaden AG for 40 years. Curaden produces oral healthcare products, such as the famous CS 5460 toothbrushes, through our brand CURAPROX. We also provide many educational programmes, such as iTOP (individually trained oral prophylaxis). I am so proud to be a part of such a forward-thinking company, since I truly believe that no mouth will ever change without the use of the right instruments and proper education.

At Curaden, we are proud to manufacture all our products in Switzerland, since the Swiss are known for their high quality, perfection and precision. Yet I was disappointed to hear that one in every three dental students in Switzerland leaves dental school before their graduation. There is no other field of study that experiences such a high dropout rate! What’s surprising is that the overwhelming majority of dental students do not simply drop out. The numerous clauses, in Switzerland and many other places in the world, which limit the number of university applicants is very high for human medicine. Also, prospective students for both dentistry and medicine have to pass an admission test in order to study. However, admission is not only easier for dentistry, both medical and dental students spend their first semesters in the same classroom, learning the same things. That’s why pre-clinic dental students who are more interested in becoming medical doctors, can easily take the available spaces of medical students who drop out.

This situation leaves me with two questions: why do we not start educating dentists as medical doctors of oral health? And, why don’t we consider dentistry as another medical discipline that works closely with cardiology, otolaryngology and other specialist fields?

Until now, we have educated dentists to become “tooth-repairers”. Dentists learn to place implants in the most difficult positions possible, they learn how to perform endodontics in the most severely curved canals, but when do they learn how to educate their patients on oral health? When will we understand that a healthy mouth is about more than just clean teeth? And when will we understand that our mission should be to keep patients healthy for a lifetime by providing them with the right products and education?

Of course, as a dental industry, we still need to sell toothbrushes, interdental brushes and mouthwashes. Many other companies in the dental industry need to sell implants, endodontic files and drills. Essentially, all manufacturers, dealers and dental professionals still need to look at remaining profitable or increasing profits. And there is no doubt that as an industry, we will still need to repair. Fortunately, our restorations have improved and can now last forever, but our preventive care can definitely be improved.

Mind the trends

The demand for preventive care has rather recent roots. Firstly, the megatrend of having a healthy lifestyle has now also moved into oral care. People want better oral prophylaxis, beautiful teeth and fresh breath. Oral care, however, is about so much more than oral hygiene. Healthy teeth and gums go hand-in-hand with self-confidence, a good morale and can also lead to healthy bodies. Essentially, the desire for a healthier lifestyle has created a demand for new products and new approaches to provide the patient with oral healthcare services in dental practices.

Secondly, scientists have discovered that oral health conditions have a major impact on people’s general and mental wellbeing. Oral health...
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starts from infancy by preventing jaw deformation and mouth breathing, continues into youth by motivating teens to maintain good oral health, and should not end when a patient becomes an adult. Everyone, regardless of his or her age, should feel attractive and beautiful. This means that we also need to help patients with dentures, implants and dental appliances to maintain their oral health.

Finally, it has also been discovered that the microbiota in the mouth has several very important functions that help maintain overall health. As the standard of living goes on, we need to make sure that patients understand that they need bacteria in their mouths for their immune system. One simply has to destroy the bad bacteria, especially in the interdental spaces, while keeping the good ones. While we have done a good job towards improved hygiene management, we need to present more scientific evidence that shows that the natural oral bacteria need to be kept in a healthy balance. This includes everyone, from babies and children to teenagers, adults and seniors. Everybody needs a healthy mouth for a healthy body in order to reduce the offset of chronic diseases.

Better health for all

If health insurance companies, governments and health organizations really want to establish a prevention-driven mindset in society, dentists are key. Dentists have the education, the capacity and the position in society to make prevention a priority—let alone in Western cultures. The dental professional has the potential to become the preventive doctor of the future. Of course, this possibility is still very far from our current reality. However, most oral diseases are preventable, simply through the daily care of teeth and gums. That’s why we want to change dentistry from a field of repairing, to one of health-oriented medicine. In this way, the dentist is responsible for the general health of people and not only for their teeth and gums. Curaden wants the dentist to finally become the gatekeeper of health by taking care of patients’ oral health. Together, we want to achieve better health for all, therefore a change in approach towards prevention is inevitable.

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Tap water good for teeth but may cause higher blood lead levels

By DITI

CHAPEL HILL, N.C., U.S.: American children and adolescents who drink tap water, which is typically fluoridated, are much less likely to have tooth decay, according to a new study. However, researchers have confirmed that those who consume tap water are more likely to have elevated levels of lead in their blood compared to those who primarily drink bottled water. Drs. Anne Sanders and Gary Slade, of the Department of Dental Eology at the University of North Carolina in Chapel Hill, analyzed a nationally representative sample of nearly 16,000 children and adolescents aged two to nineteen years old, who participated in the National Health and Nutrition Examination Survey (NHANES), from 2005 to 2014. More than 12,000 records included data on blood lead levels and about 3,500 contained dental caries examination data. NHANES is the U.S. benchmark for the national surveillance of blood lead levels and is the sole national source of dental examination data.

Following an at-home interview, participants visited a mobile examination center where they donated a blood sample, completed a dietary interview and underwent a dental examination. An “elevated blood lead level” was defined as having at least three micrograms of lead per deciliter of blood. “Tooth decay” was defined as the presence of one or more tooth surfaces that are affected by decay, as determined by dental examiners using a standard-ized protocol.

According to the results of the study, children and adolescents who did not drink tap water (about 15 per cent) were more likely than tap water drinkers to have tooth decay, but were less likely to have elevated blood lead levels. Those who drank tap water had a significantly higher prevalence of elevated blood lead levels than children who did not drink tap water.

Overall, nearly 5 percent of children and adolescents had elevated blood lead levels and almost 10 percent had tooth decay. Among American children and adolescents, one in five living below the federal poverty level, one in four African Americans and one in three Mexican Americans do not drink tap water—vastly exceeding the one in twelve non-Hispanic, white children who do not.

“Elevated blood lead levels affect only a small minority of children, but the health consequences are profound and permanent,” explained Sanders. “On the other hand, tooth decay affects one in every two children, and its consequences, such as toothache, are immediate and costly to treat.”

The study’s statistical analysis also took into account other factors that could account for the relationship between the non-consumption of tap water and blood lead levels and tooth decay. A limitation of the study was that the fluoridation status of the participants’ tap water was unknown, therefore the observation that drinking tap water protects against tooth decay may be an underestimate of fluoride’s protective effect.

“Our study draws attention to a critical trade-off for parents: children who drink tap water are more likely to have elevated blood lead levels, yet children who avoid tap water are more likely to have tooth decay,” commented Slade. “Community wa-ter fluoridation benefits all people, irrespective of their income or ability to obtain routine dental care. Yet, we jeopardize this public good when people have any reason to believe their drinking water is unsafe.”

Public awareness of the hazards of lead-contaminated water has in-creased since 2014, when concerns were raised after the drinking wa-ter source for Flint in Michigan was changed to the untreated Flint River. A federal state of emergency was declared and Flint residents were instructed to use only bottled or fil-tered water for drinking, cooking, cleaning and bathing.

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